

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 29-SEP-2011	TIME 22:30:00	2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 090	4. BEAT/OCCUR 2432			
	5. POSITION 9161	6. LAST NAME MCDERMOTT	7. FIRST NAME DOUGLAS J	8. STAR NO. 3697	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 603	12. HT. 220		
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT. 17-DEC-2001	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 007 43S20	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.L. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 601	27. WT. 195		
28. ADDRESS CHICAGO, IL 60626			29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? HANDGUNS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST FRANCIS			34. BY WHOM? DR. KENTER	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. [REDACTED]	IR NO. [REDACTED]			
***** PLEASE SEE NEXT PAGE *****										
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S PASSIVE RESISTER <input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFNEO (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		40. ASSAULTANT: ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		41. ASSAULTANT: BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER PUNCHED RD SEVERAL			
	42. SUBJECT'S MEMBER'S RESPONSE <input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/ CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		43. MEMBER'S RESPONSE <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		44. ASSAULTANT: DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____					
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> ONA	45. OC/ CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			46. ADDITIONAL INFORMATION THE ASSAULTANT PHYSICALLY ATTACKED THE OFFICER BY STRIKING HIM SEVERAL TIMES WITH A CLOSED FIST IN THE CHEST AND UPPER BODY REGION. R/O USED THE APPROPRIATE LEVEL OF FORCE TO EFFECT THE ARREST WITHIN THE COMPLIANCE OF THE CHICAGO POLICE USE OF FORCE MODEL.						
	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	47. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS CLEAR	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]			55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			
64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)					65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.					67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. DATE REVIEWED 29-SEP-2011 23:40:27					
70. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								71. RD. NO. [REDACTED]		
72. SIGNATURES 73. REPORTING MEMBER (Print Name) MCDERMOTT, DOUGLAS J 29-SEP-2011 23:38:39								74. REVIEWING SUPERVISOR (Print Name) HEIN, JON P	STAR/EMPLOYEE NO. 3697	SIGNATURE [REDACTED]
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								75. DATE REVIEWED 29-SEP-2011 23:40:27		

LOG # 1051327
Attachment # 9
CPD 0026613

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.3-A, 720 ILCS 5.0/12-3.05-D-4

DWA

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Currently at St. Francis Hospital for examination.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The actions of the officer in this instance were prudent, professional and within Department guidelines.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED _____

78. WATCH COMMANDER/OCIC (Print Name)

SCHEITHAUER, MARK

SIGNATURE

DATE COMPLETED

TIME

29-SEP-2011 23:47:37

79. DISTRIBUTION OF ORIGINAL TRR.

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	<input type="checkbox"/> CR INITIATION REPORT
			80 TOTAL TRR's THIS EVENT No. 3